

Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120060-8

TENTATIVE  
HEALTH BENEFITS PLAN

OF THE

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Submitted to the

UNITED STATES CIVIL SERVICE COMMISSION

Under the

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

*under written  
by mutual*

Bureau of  
Retirement and Insurance  
UNITED STATES  
CIVIL SERVICE COMMISSION  
Washington 25, D. C.

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ENROLLMENT CODE NUMBER

To enroll, you must copy onto your Registration Form an Enrollment Code Number that shows which Plan, which Option, and which type of enrollment you want. If you choose This Plan, the chart below will give you that Code Number as well as the name of the Plan.

Be sure you copy both the name of the Plan and the Enrollment Code Number correctly.

AFGE HEALTH BENEFITS PLAN	ENROLLMENT CODE NUMBER	
TYPE OF ENROLLMENT	HIGH OPTION	LOW OPTION
▶ SELF ONLY	301	304
▶ SELF AND FAMILY	302	305
▶ SELF AND FAMILY Female and Non-dependent husband	303	306

#### ABOUT THIS PLAN

This brochure describes ONE of the health benefits plans offered to you under the Federal Employees Health Benefits Act. This plan has two levels of benefits - a high option and a low option. These options differ in the kinds of benefits offered, the amount of benefits payable and the cost to you.

The plan described in this brochure is the Health Benefits Plan provided by the American Federation of Government Employees and underwritten by the Mutual Benefit Health and Accident Association, Omaha, Nebraska. If you choose this plan, keep this brochure in a safe place. It summarizes what your benefits are and tells you how to obtain them. The Certificate which will be furnished you will be evidence of your enrollment in this particular plan.

If you have any questions about your eligibility, your registration, or your enrollment, ask your employing office.

#### OTHER PLANS AVAILABLE

Other approved plans are also available. They are:

- . A Government-Wide Indemnity Plan.
- . A Government-Wide Service Benefit Plan.
- . Other Employee Organization Plans - (Limited to employees who are, or who become, members of employee organizations).
- . Group-Practice and Individual-Practice Plans - (Limited to employees who live in geographic areas served by such plans).

Each plan is described in a separate brochure. Copies of the brochures describing all of the approved plans are available in your employing office.

You should compare very carefully all of the plans available to you and pick the one that suits you best.

BENEFITS IN BRIEF

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COVERED EXPENSES	HIGH OPTION	LOW OPTION
HOSPITAL ROOM AND BOARD	<p>PLAN PAYS</p> <ul style="list-style-type: none"> <li>• First \$2500 each calendar year</li> <li>• 80% of any charge over that amount</li> </ul> <p>YOU PAY</p> <ul style="list-style-type: none"> <li>• 20% of any charge over \$2500</li> </ul>	<p>PLAN PAYS</p> <ul style="list-style-type: none"> <li>• Up to \$12 per day for 60 days for each confinement</li> </ul> <p>YOU PAY</p> <ul style="list-style-type: none"> <li>• Any Remainder</li> </ul>
OTHER HOSPITAL EXPENSES AND SURGICAL AND MEDICAL EXPENSES	<p>PLAN PAYS</p> <ul style="list-style-type: none"> <li>• 80% of in-hospital expenses after you have paid \$50 for any expenses in this category.</li> <li>• 80% of out-of-hospital expenses after you have paid \$75 for any expenses in this category.</li> </ul> <p>YOU PAY</p> <ul style="list-style-type: none"> <li>• A \$50 or \$75 Deductible (Maximum Deductible is \$75 per year)</li> <li>• 20% of Remainder</li> </ul>	<p>PLAN PAYS</p> <ul style="list-style-type: none"> <li>• First \$150 of hospital charges for each confinement or treatment</li> <li>• 75% of additional hospital charges incurred during each outpatient treatment or the first 60 days of each confinement</li> <li>• Up to \$250 for surgery</li> </ul> <p>YOU PAY</p> <ul style="list-style-type: none"> <li>• 25% of additional hospital charges incurred during each outpatient treatment or the first 60 days of each confinement</li> <li>• Any remaining hospital charges</li> <li>• Any remaining surgical charges</li> </ul>
MATERNITY EXPENSES	<p>PLAN PAYS</p> <ul style="list-style-type: none"> <li>• Normal delivery, up to..\$150</li> <li>• Caesarian, up to..... 300</li> <li>• Abdominal operation for extra-uterine pregnancy, up to..... 300</li> <li>• Miscarriage, up to..... 75</li> </ul> <p>YOU PAY</p> <ul style="list-style-type: none"> <li>• Any Remainder</li> </ul>	<p>PLAN PAYS</p> <ul style="list-style-type: none"> <li>• Normal delivery, up to..\$150</li> <li>• Caesarian, up to..... 300</li> <li>• Abdominal operation for extra-uterine pregnancy, up to..... 300</li> <li>• Miscarriage..... 75</li> </ul> <p>YOU PAY</p> <ul style="list-style-type: none"> <li>• Any Remainder</li> </ul>
MAXIMUM BENEFIT	\$20,000	

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BENEFITS IN BRIEF

KINDS OF BENEFITS OFFERED BY THE PLAN

Each kind of benefits is summarized in the chart at the left and is explained more fully in the following pages. The benefits offered under each Option are described briefly below:

- | <u>HIGH OPTION</u>        | <u>LOW OPTION</u>         |
|---------------------------|---------------------------|
| . Hospital Room and Board | . Hospital Room and Board |
| . Medical Expenses        | . Medical Expenses for    |
| . Other Hospital Expenses | . Other Hospital Expenses |
| . Maternity Expenses      | . Outpatient and First-   |
| . Surgical Expenses       | . Surgical Expenses       |
|                           | . Aid Treatment           |
|                           | . Maternity Expenses      |

MAJOR FEATURES OF THE PLAN--BOTH OPTIONS

- |  |  |
|--|--|
| . A uniform benefit structure, regardless of where you are | . Payments made direct to you or to your doctor and hospital |
| . Uniform benefits, regardless of income                   | . Choice of any recognized hospital or doctor                |

In addition, there are particular features in each Option as described below:

- | <u>HIGH OPTION</u>  | <u>LOW OPTION</u>   |
|---|---|
| . Pays for care and service in a hospital, at your doctor's office, at your home or elsewhere                   | . Pays for care and service in hospital and surgical and maternity fees               |
| . Pays benefits for tuberculosis and for mental and nervous condition, both in and out of hospital              | . Pays benefits for tuberculosis and for mental and nervous condition in the hospital |
| . Benefits, including the "Maximum Benefit," apply equally and separately to each covered member of your family | . Benefits apply equally and separately to each covered member of your family         |

BOTH OPTIONS LIMIT BENEFITS FOR:

- |   |  |
|---|--|
| . Confinements in a hospital or other institution on the date of enrollment | . Certain cases where double coverage exists |
|   | . Dental work                                |

In addition, there are particular limitations in each Option as described below:

- | <u>HIGH OPTION</u>   | <u>LOW OPTION</u>   |
|--|---|
| . Private room accommodations in hospital                                    | . Services of a doctor (when not provided by hospital) - limited to surgery and maternity                                   |
| . Treatment of mental and nervous disorders while not confined in a hospital | . Medical care, services and supplies - limited to those provided by hospital during confinements and outpatient treatments |

NEITHER OPTION OF THE PLAN PROVIDES BENEFITS FOR:

- |  |   |
|--|---|
| . Expenses incurred while not covered by the Plan                              | . Cosmetic surgery, except for repair of accidental injuries                                    |
| . Hospitalization or treatment provided by or paid for by the U. S. Government | . Alcoholism or drug addiction  |
| . Illnesses or injury covered by workmen's compensation                        | . Any unreasonable charges or those of a luxury nature  |
|  | . Any injuries caused by act of war or incurred while engaged in military, naval or air service |

HOSPITAL ROOM AND BOARD BENEFITS

HIGH OPTION

PLAN PAYS FIRST \$2,500	
PLAN PAYS 80% OF REMAINDER	YOU PAY 20% OF REMAINDER

You do not have to pay a deductible for Hospital Room and Board.

LOW OPTION

PLAN PAYS UP TO \$12 PER DAY FOR UP TO 60 DAYS FOR EACH CONFINEMENT
YOU PAY THE REMAINDER

Under the LOW Option, there is no deductible for any covered expenses-- you pay only for those charges in excess of what the Plan covers.

What is a "Hospital"

For purposes of this Plan, a hospital is an institution which provides overnight inpatient care, has full diagnostic and therapeutic facilities under the supervision of a staff of physicians and twenty-four hour nursing services by registered graduate nurses.

What is a "Confinement"

A confinement is an admission (or a series of admissions) to a hospital for any one illness or accident. There is a new period of confinement whenever an insured person (insured member or insured dependent) is hospitalized for a cause entirely unrelated to the cause of the previous hospitalization. There is also a new period of confinement once the insured employee has returned to work on full time (no matter for how long) and then is again hospitalized, even for the same cause. For an insured dependent, there is a new period of confinement whenever the hospitalization for the same cause occurs after the end of the previous hospitalization.

HOSPITAL ROOM AND BOARD BENEFITS

WHAT IS COVERED

HIGH OPTION

This Option will pay benefits for semi-private or ward accommodations in a hospital. These benefits include charges for:

- . room . meals
- . general nursing service

If for any reason a private room is used, YOU must pay the DIFFERENCE between the cost of these accommodations and the hospital's average semi-private accommodations.

LOW OPTION

This Option will pay benefits for any accommodations in a hospital up to \$12 per day not to exceed 60 days for each confinement. These benefits include charges for:

- . room . meals
- . general nursing service

WHAT IS NOT COVERED

- . Room and board expenses in nursing homes, rest homes, or places for the aged, for drug addicts or for alcoholics.

\*Personal comfort\* services, such as radio and television, beauty and barber services.

OTHER HOSPITAL BENEFITS AND SURGICAL AND MEDICAL BENEFITS

HIGH OPTION

YOU PAY FIRST \$50 (for in-hospital expenses) FIRST \$75 (for out-of-hospital expenses) MAXIMUM DEDUCTIBLE—\$75	
PLAN PAYS  80% OF REMAINDER	YOU PAY OTHER 20%

"Who is a "Doctor"

A "doctor" is a physician or surgeon who is duly licensed to prescribe and administer all drugs and to perform all surgery.



OTHER HOSPITAL BENEFITS AND SURGICAL AND MEDICAL BENEFITS

HIGH OPTION

9

WHAT KINDS OF BENEFITS ARE COVERED

This Option will pay benefits for the following services and supplies which are reasonably necessary for treatment of an injury or illness and which are reasonably priced, as determined by the charges generally incurred for cases of comparable nature and severity in the particular geographic area concerned:

- Professional services of physicians, surgeons, radiologists, psychiatrists, physiotherapists and other specialists--for
  - all surgery    -home calls    -consultations
  - office visits    -doctor's visits in hospital
- Professional services of dentist for oral surgery (in event of accidental damage)
- All services and supplies furnished by a hospital
- Services and supplies both in and out of hospital, including:
  - Registered graduate nurse (special nurse)
  - Drugs and medicines requiring doctor's written prescription
  - Diagnostic X-ray and laboratory tests and examinations
  - Blood and blood plasma and its administration
  - Oxygen and rental of equipment for its administration
  - Transportation within U.S. or Canada by professional ambulance, railroad or scheduled airline for hospital treatment unavailable locally
  - Local ambulance service
  - Casts, splints, braces, trusses and crutches
  - X-ray, radium and radioactive isotope therapy
  - Artificial limbs and eyes
  - Anesthesia
  - Hospital-type bed or wheel-chair (rental)
  - Iron lung or similar durable therapeutic equipment
  - Dental X-rays and replacement of teeth (in event of accidental damage)

WHAT KINDS OF BENEFITS ARE LIMITED

- Cosmetic surgery--to that for repair of accidental injuries sustained while insured under this Plan
- Services of registered graduate nurse or physiotherapist--restricted to such services provided by one who is not a member of your family and who does not ordinarily live in your home
- Treatment of mental and nervous disorders while NOT confined in hospital--limited to cases of total and continuous disability and to 50% of covered expenses in excess of the Deductible
- Services of psychiatrist--limited to 50 visits per year at a maximum rate of \$15 per visit
- Dental work--to that for treatment of injury to jaw or natural teeth which occurred while insured under this Plan

WHAT KINDS OF BENEFITS ARE NOT COVERED

- Eye refractions and eye glasses
- Hearing aids
- Treatment of alcoholism and drug addiction

OTHER HOSPITAL BENEFITS AND SURGICAL AND MEDICAL BENEFITSLOW OPTION

Hospital (each  
confinement up  
to 60 days)

		Surgical	Outpatient	
PLAN PAYS		PLAN PAYS	PLAN PAYS	
FIRST		FIRST	FIRST	
\$150		DOLLARS	\$150	
		(Up to \$250 paid depending on surgical procedure performed)		
PLAN PAYS 75% of Remainder	YOU PAY OTHER 25%		PLAN PAYS 75% of Remainder	YOU PAY OTHER 25%
YOU PAY all charges after 60th day of confine- ment		YOU PAY ANY REMAINDER		

## What are "Outpatient" Benefits

"Outpatient" benefits, in the LOW Option of this Plan, are the benefits for the services and supplies furnished by a hospital in connection with (a) emergency treatment within 24 hours of an accident or (b) outpatient surgery. Under the HIGH Option, such "outpatient" benefits are included in the "Other Hospital Benefits and Surgical and Medical Benefits."

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OTHER HOSPITAL BENEFITS AND SURGICAL AND MEDICAL BENEFITSLOW OPTIONWHAT KINDS OF BENEFITS ARE COVERED

This Option will pay benefits for the following services and supplies:

- Services and supplies furnished by a hospital during periods of confinement which are compensable
- Services and supplies furnished by a hospital in connection with (a) first-aid treatment within 24 hours of an accident or (b) outpatient surgery
- Administration of anesthetics by persons other than regular hospital staff
- Ambulance service
- Professional services of surgeons (paid in accordance with fee schedule, up to a maximum of \$250, depending on surgical procedure performed); examples are:

Tonsillectomy.....	\$ 37.50
Fractured thigh bone ..	93.75
Appendectomy.....	125.00
Hysterectomy.....	187.50
Removal of lung.....	250.00

(The surgical schedule also provides for the treatment of fractures by X-ray, radium or radiation therapy.)

WHAT KINDS OF BENEFITS ARE LIMITED

- Cosmetic surgery--to that for repair of accidental injuries sustained while insured under this Plan
- Dental work--to that for treatment of injury to jaw or natural teeth which occurred while insured under this Plan
- Ambulance service--limited to \$25 per confinement or outpatient treatment
- Administration of anesthetics by persons other than regular hospital personnel--limited to \$25 per confinement or outpatient treatment

WHAT KINDS OF EXPENSES ARE NOT COVERED

- Eye refractions and eye glasses
- Hearing aids
- Treatment of alcoholism and drug addiction

MATERNITY BENEFITS

HIGH OPTION

PLAN PAYS 100% of actual expenses up to the following amounts for the total hospital, obstetrical and surgical charges-

\$150 for normal delivery  
300 for Caesarian section  
300 for abdominal operation for extra-uterine pregnancy  
75 for miscarriage

**YOU PAY**

Any difference between above amounts and the total of your actual expenses.

LOW OPTION

PLAN PAYS 100% of actual expenses up to the following amounts for the total hospital, obstetrical and surgical charges-

\$150 for normal delivery  
300 for Caesarian section  
300 for abdominal operation for extra-uterine pregnancy  
75 for miscarriage

**YOU PAY**

Any difference between above amounts and the total of your actual expenses.

You do not have to pay a Deductible for "Maternity Benefits."

Under the Low Option, there is no Deductible for any covered charges -- you pay only for those charges in excess of what the Plan covers.

WHAT IS COVERED

The Plan will pay benefits, to the extent shown in the charts at the left, for expenses due to each pregnancy, including childbirth or miscarriage. These expenses include:

- Charges made by the hospital.
- Professional fees for delivery of child or for surgery in case of miscarriage.

"Maternity Benefits" are paid INSTEAD OF "Hospital Room and Board Benefits" and "Other Hospital Benefits and Surgical and Medical Benefits."

THIS PLAN LIMITS BENEFITS

- To charges for employees or employees' wives covered under family enrollments.
- To pregnancies of individuals who are covered by the Plan on the date of confinement or on the date of surgical procedure.

BENEFITS FOR COMPLICATIONS OF PREGNANCY

Under the High Option, complications of pregnancy are considered for benefit purposes as an illness and regular benefits INSTEAD OF "Maternity" benefits are payable.

Under the Low Option No additional benefits over those allowed for "Maternity" expenses will be paid for complications of pregnancy.

The Plan defines "Complications of Pregnancy" to include only the following: (1) surgical operations for extra-uterine pregnancy; (2) intra-abdominal surgery after termination of pregnancy; (3) pernicious vomiting of pregnancy; and (4) toxemia with convulsions.

THE DEDUCTIBLEMAXIMUM BENEFIT

The information presented hereunder applies only to the HIGH Option.

High Option

The "Deductible is the \$50 you pay before the High Option starts paying "Other Hospital Benefits and Surgical and Medical Benefits" while you are in the hospital. It is the \$75 you pay before the High Option starts paying these benefits if you are out of the hospital. In any case, the total Deductible you pay is \$75.

There is a "Maximum Benefit" for you and for each individual member of your family. This "Maximum Benefit" is \$20,000 for each person. The "Maximum Benefit" is reduced by the amount of benefits which are paid.

Hospital Room and Board Expenses NO DEDUCTIBLE

Other Expenses . . . . . \$50 or \$75  
DEDUCTIBLE

Maternity Expenses . . . . . NO DEDUCTIBLE

The "Maximum Benefit" is a lifetime maximum subject to automatic restoration. On January 1 of every year, each person gets an automatic restoration of benefits for future use. The amount of this restoration is whatever amount, UP TO \$1,000 per year, needed to bring the "Maximum Benefit" back up to \$20,000. You do NOT have to apply for this automatic restoration.

Low Option


- . There is a separate "Deductible" for each member of your family. The "Deductible" is applied once in a calendar year for each person, regardless of how many different illnesses or accidents he may have.
- . All covered charges, except Hospital Room and Board and Maternity expenses for uncomplicated pregnancies, may be combined to satisfy the "Deductible." This includes all expenditures for covered drugs and medicines.
- . Covered expenses applied against the "Deductible" in the last 90 days of a calendar year will also be applied against the "Deductible" for the next year.

The Low Option has no over-all Maximum Benefit as such. The maximum payable for each benefit is noted in the description of that particular benefit in the previous pages of this brochure.

C O S T S   A N D   C O N T R I B U T I O N S

Your agency will pay part of the cost of your enrollment. Your share of the enrollment cost will be withheld from your salary.

The chart below shows exactly how much the Government will pay and how much will be withheld from your salary every payday, if you join this particular Plan.

IF YOU ARE	TYPE OF ENROLLMENT	HIGH OPTION			LOW OPTION			
		GOVT PAYS	YOU PAY	CODE	GOVT PAYS	YOU PAY	CODE	
PAID EACH WEEK	Self Only .....	\$ .65	\$ 1.06	301	\$ .41	\$ .41	304	TOTAL MONTHLY COST (GOVT PLUS EMPLOYEE REGARDLESS OF HOW OFTEN YOU ARE PAID 
	Self & Family .....	1.56	2.91	302	1.27	1.28	305	
	Self & Family--Female & Nondependent Husband	.91	3.56	303	.76	1.79	306	
PAID EACH TWO WEEKS	Self Only .....	\$1.30	\$ 2.11	301	\$ .82	\$ .82	304	
	Self & Family .....	3.12	5.81	302	2.55	2.55	305	
	Self & Family--Female & Nondependent Husband	1.82	7.11	303	1.53	3.57	306	
PAID ONCE A MONTH	Self Only .....	\$2.82	\$ 4.57	301	\$1.78	\$1.78	304	HIGH LOW
	Self & Family .....	6.76	12.59	302	5.52	5.53	305	\$ 7.39 \$ 3.56
	Self & Family--Female & Nondependent Husband	3.94	15.41	303	3.31	7.74	306	19.35 11.05 19.35 11.05

OTHER FACTS ABOUT THIS PLAN

IF CONFINED ON EFFECTIVE DATE

A person confined to a hospital or other institution on the effective date of enrollment will have his benefit for that confinement limited to a maximum of \$1,000 under the High Option and \$500 under the Low Option.

CHANGE TO ANOTHER PLAN

If any covered member of your family is confined in a hospital on the day enrollment is changed to another Federal employees health benefits plan, benefits will be continued under the old enrollment for the rest of the confinement, but not beyond 91 days.

DETERMINATION OF CHARGES

This Plan covers charges to the extent that they are reasonably necessary for treatment of an injury or illness and which are not unreasonably priced or of a luxury nature, as determined by the charges generally incurred for cases of comparable nature and severity in the particular geographical area concerned.

OPTION CHANGES

If you change from one option to the other under this plan, the new option will cover only the expenses incurred after the change is effective. If any member of your family is confined in a hospital on the day the change is effective, benefits for that person will be payable under the provisions of the former option for the rest of the confinement, but not beyond 91 days.



#### CONVERSION

If your enrollment terminates other than by voluntary cancellation, or if your enrollment continues but one of your dependents ceases to qualify as an eligible dependent, you or your dependent has the right to obtain, without any requirement of evidence of insurability, a nongroup contract of accident and health insurance of kind then being issued by Mutual Benefit Health and Accident Association, Omaha, Nebraska, for group conversion purposes. Renewal of the nongroup contract can be refused only for reasons of fraud, overinsurance, or nonpayment of premiums when due.

Written application for the converted contract normally must be made and the initial premium paid to Mutual Benefit Health and Accident Association, Omaha, Nebraska, within 31 days after the end of the enrollment period in this Plan. Any converted contract issued under the above terms becomes effective at the end of the 31-day period of "Temporary Extension of Coverage." (see page 19)

#### DOUBLE COVERAGE

If you or any member of your family is covered under any other plan for which there are payroll deductions or contributions or under any Federal, State or other Governmental program, the benefits paid under such plan or program will be deducted from your expenses before you receive any benefits under this plan.

This Plan does not cover changes incurred for a member of your family during any period of time while coverage or continuation of benefits is provided under any other Federal employees health benefits plan.

#### POLICY

This brochure describes the principal features of the American Federation of Government Employees' Health Benefits Plan. The complete terms of the Plan are set forth in a master group policy issued to the American Federation of Government Employees by the Mutual Benefit Health and Accident Association, Omaha, Nebraska and approved by the Civil Service Commission.

The group policy which provides the health benefits referred to in this brochure may be modified or terminated as may be required by the Federal Employees Health Benefits Act of 1959 or for other reasons. No such modification or termination, however, will affect adversely any claim arising from an expense incurred prior to the modification or termination.

#### FACTS ABOUT ALL PLANS

##### FAMILY ENROLLMENT

A family enrollment must include all eligible members of your family. Eligible family members are your wife or husband and unmarried children under age 19. Unmarried children age 19 or over are also included if they are incapable of self-support because of a disability which began before age 19.

##### CANCELLATION

Your enrollment cannot be canceled because of the status of your health, or that of any member of your family, or because of the amount of benefits you used.

If you want to cancel your enrollment, you may do so at any time. Get Standard Form 2809 from your employing office, fill it out, and file it with that office.

##### CHANGE IN ENROLLMENT

If you want to change type of enrollment form self only to family, or vice versa; if you want to change from one option or plan to another; or if you do not enroll now but wish to do so at a later date, consult your employing office to see whether you can make the desired change and, if so, under what conditions.

##### TRANSFER

If you transfer to another agency, your coverage continues without change.

##### LEAVE WITHOUT PAY

If you go on leave without pay, your coverage and that of your family continues for up to a year without charge to you.

##### MILITARY SERVICE

If you go into the Armed Forces under conditions that entitle you and your family to health services or health benefits sponsored by the Government, your coverage under this Plan ceases while you are entitled to such benefits.

##### DEATH

If you die while enrolled for self and family, coverage of your survivor annuitants continues. If there is only one survivor, family coverage will automatically be changed to individual coverage.

##### RETIREMENT

If you retire, you and covered members of your family may be eligible to continue in the Plan. See your employing office if you have any questions about your eligibility. You should file your retirement application as soon as possible to make sure that if you are eligible, your coverage under the Plan continues without interruption.

#### TEMPORARY EXTENSION OF COVERAGE

When enrollment ends for any reason except voluntary cancellation, coverage continues for 31 days at no charge to you. If you or any covered member of your family is confined in a hospital or other institution on the 31st day of this temporary extension, that person's benefits will continue for the rest of the confinement, but not beyond 60 additional days.

#### CONVERSION

If your enrollment, or that of any member of your family, ends for any reason other than voluntary cancellation, coverage may be converted to a non-group contract as described on page 17. This must be done during the 31-day "Temporary Extension of Coverage."

#### TERMINATION OF PLAN

If for any reason this Plan is terminated, you will be given an opportunity to join another plan without interruption of your coverage.

# HOW TO CLAIM BENEFITS

## IDENTIFICATION CARDS

You will be given an Identification Card and a certificate describing the procedure to be followed in making a claim and setting forth a statement as to the insurance benefits under the Plan.

## YOU OBTAIN BENEFITS IN ONE OF TWO WAYS

- . By authorizing direct payment to the doctor or hospital.
- . By filing a claim so that the Plan can Pay you direct.

## FOR HOSPITAL ADMISSION

If you wish to authorize direct payment to a hospital you merely present your Identification Card upon admission and complete a form which will be available to the hospital.

## TO CLAIM BENEFITS DIRECT

Send to the claim office shown on page 21

- . A completed Employee Statement of Claim
- . An Attending Physician's Statement
- . The number on your Identification Card
- . Any receipts or bills connected with the claim.

## TO ASSURE PROMPT PAYMENT

Always submit claims promptly  
Always give your Identification Number.

## IF YOU NEED HELP IN FILING YOUR CLAIM

Write to the American Federation of Government Employees, Group Insurance Department, 900 F St. Washington 4, D. C. Your own employing office may also be able to help you.

## SPECIAL ADVICE FOR PERSONS COVERED BY HIGH OPTION

You will need complete and accurate records for each charge you want to count toward the "Deductible" and for each charge for which you claim benefits. Keep track of small medical expenses accumulating over a period of time. File a claim as soon as the expenses of any individual family member go over the \$50 or \$75 "Deductible." Keep separate records for each member of your family, since both the "Deductible" and the "Maximum Benefit" apply separately to each person. Bills and receipts should be itemized and should show:

- . The date services or supplies are received
- . The name of the family member concerned
- . The name of the attending physician
- . The prescription number of drugs and medicines.

CLAIM OFFICE  
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Claims will be administered by the American Federation of Government Employees, Group Insurance Department, 900 F Street, N. W., Washington 4, D. C.

All claims or requests for information on claims should be sent to this address.